

OWNER

I hereby certify that the above information and attachments are true and correct. I understand that this application for a license does not authorize the operation of the facility until a license is issued by the Oklahoma Funeral Board.

Name of Owner, Partner, or Corporate Officer and title
authorized to make this application

DATE _____

Signature of Owner, Partner, or Corporate Officer and title
authorized to make this application

DATE _____

NOTARY PUBLIC:

Subscribed and Sworn to before me this _____ day of _____, 20____

Signature: _____

SEAL

My Commission Expires: _____

My Commission Number: _____

FDIC

I hereby certify that the above information and attachments are true and correct. I understand that as the Funeral Director In Charge I assume full responsibility for the legal and ethical operation of the facility and I am held accountable to the Board for such actions.

Name of proposed FDIC

DATE _____

Signature of proposed FDIC

DATE _____

NOTARY PUBLIC:

Subscribed and Sworn to before me this _____ day of _____, 20____

Signature _____

SEAL

My Commission Expires: _____

My Commission Number: _____